

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):     TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>PARENTAL NOTIFICATION OF INDIAN STATUS</b> <b>(Juvenile Court)</b>	

CASE NUMBER:

**To the parent or guardian of the above-named child: you are required to provide the information requested below regarding the child's Indian status. In the event that new information becomes available that would change your response, you must inform your attorney and the social worker or probation officer immediately and an updated form must be filed with the court.**

1. Name:
2. Relationship to child:
3. a. ☐ I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe (name each): \_\_\_\_\_
- b. ☐ I may have Indian ancestry.
- c. ☐ The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe (name each): \_\_\_\_\_
- d. ☐ I have no Indian ancestry as far as I know.
4. A previous form JV-130 ☐ has ☐ has not been filed with the court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

 \_\_\_\_\_  
 (Signature)

**Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.**